



# BUSINESS LICENSE COMMISSION

## COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

[www.board.co.la.ca.us/blc](http://www.board.co.la.ca.us/blc)



### MEMBERS

**SARA VASQUEZ**

*PRESIDENT*

**RENÉE CAMPBELL**

*VICE-PRESIDENT*

**SHAN LEE**

*SECRETARY*

**JAMES BARGER**

*COMMISSIONER*

**GENEVIEVE MORRILL**

*COMMISSIONER*

February 27, 2015

Nora G. Marino  
Bishop Amat High School  
14301 Fairgrove Avenue  
La Puente, CA 91746

### **HEARING ON APPLICATION FOR BINGO MANAGER** **BUSINESS LICENSE ID #141941**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, March 11, 2015 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

### **RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS**

**You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost.** In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

SARA VASQUEZ  
President

Lupe Duron  
Commission Staff

NOTICE TO PRINTER  
STATE LAW REQUIRES THAT THIS  
LEGAL ADVERTISEMENT SHALL BE SET  
IN TYPE NOT SMALLER THAN NONPAREIL ( 6 PT. )

CUSTOMER CODE : Z 91085

NEWSPAPER : ..... XX XXXX  
PUBLISH 3 TIMES

1<sup>ST</sup> PUBLISHING DATE: ..... XXXXXXXX  
2<sup>ND</sup> PUBLISHING DATE: ..... XXXXXXXX  
3<sup>RD</sup> PUBLISHING DATE: ..... XXXXXXXX

REPRINTS ORDERED: NONE

**NOTICE OF HEARING TO CONDUCT**

**BINGO MANAGER**

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN  
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE  
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES: ..... 14301 FAIRGROVE AVE.  
LA PUENTE, CA 91746  
NAME OF APPLICANT: ..... BISHOP AMAT HIGH SCHOOL /  
NORA G. MARINO  
DATE OF HEARING: ..... 03/11/2015  
TIME OF HEARING: ..... 09:00 A.M.

“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF  
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS  
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE  
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO”

**OFFICE OF THE COMMISSION:**

BUSINESS LICENSE COMMISSION  
500 W. TEMPLE STREET, RM 374  
LOS ANGELES, CA 90012

**RETURN TO:**

LOS ANGELES COUNTY TAX COLLECTOR  
BUSINESS LICENSE SECTION  
225 N. HILL STREET RM. 109  
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: **BINGO MANAGER**

ADDRESS OF BUSINESS: **14301 FAIRGROVE AVE., LA PUENTE, CA 91746**

TELEPHONE:

OWNER OF BUSINESS: **NORA G MARINO**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **BISHOP AMAT HIGH**

MAILING ADDRESS: **14301 FAIRGROVE AVE., LA PUENTE, CA 91746**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control	_____	_____	_____
<input type="checkbox"/> 2. Risk Management	_____	_____	_____
<input type="checkbox"/> 3. Building & Safety	_____	_____	_____
<input type="checkbox"/> 4. Fire Department	_____	_____	_____
<input type="checkbox"/> 5. Public Health	_____	_____	_____
<input type="checkbox"/> 6. Treasurer & Tax Collector	_____	_____	_____
<input checked="" type="checkbox"/> 7. Business License Commission	_____	_____	_____
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	02/18/15	tchen
<input type="checkbox"/> 9. Regional Planning Commission	_____	_____	_____
<input type="checkbox"/> 10. Weights and Measures	_____	_____	_____
<input type="checkbox"/> 11. Publishing	_____	_____	_____
<input type="checkbox"/> 12. Public Works - EPD	_____	_____	_____
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	02/18/15	tchen

Conditions:



Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ \_\_\_\_\_

ID # 141941

BUSINESS INFORMATION

Type of Business: <u>SCHOOL</u> <u>BINGO MANAGER</u>	Address of Business: <u>14301 Fairgrove La Puente, CA</u>	
	Business Telephone: <u>626 962-2495</u>	
DBA (Business Name): <u>Bishop Amat High School</u>	Mailing Address: <u>14301 Fairgrove La Puente, CA</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: <u>NORA MARINO</u>		
Home Address: _____		
Home Telephone: _____	Cell Phone: _____	Email address: _____
Social Security #: _____	Date of Birth: _____	Place of Birth: _____
Driver's License or State ID#: _____		Expiration Date: <u>12</u> / <u>1</u> / _____
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: _____	Weight: _____
Hair Color: _____		Eye Color: _____

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 12/19/14 Applicant's Signature: Nora Marino

Application taken by: Disch Date: 12-19-14

\* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861



COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box : 4970, Los Angeles, CA 90054-0970



BUSINESS LICENSE  
APPLICATION REFERRAL

914-01535-34

KIND OF BUSINESS: BINGO MANAGER

ADDRESS OF BUSINESS: 14301 FAIRGROVE AVE., LA PUENTE, CA 91746

TELEPHONE:

OWNER OF BUSINESS: NORA G MARTINO

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: BISHOP AMAT HIGH

MAILING ADDRESS: 14301 FAIRGROVE AVE., LA PUENTE, CA 91746

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

DATE:

2/10/15

BASIC LICENSE NO. 3531

DATE 02/26/15

IDENTIFICATION NUMBER 141941